2016 SURVIVOR INSURANCE RATES (with State funded benefits)

SPOUSE ELIGIBLE FOR MEDICARE/CHILDREN ELIGIBLE FOR MEDICARE

| COVERAGE LEVEL | SAVINGS | STANDARD | MEDICARE SUPP | TRICARE | DENTAL | DENTAL PLUS | VISION | TOBACCO SURCHARGE |
|--------------------------|---------|----------|------------------|---------|--------|----------------|--------|----------------------|
| SURVIVOR SPOUSE ONLY | N/A | 79.68 | 97.68 | N/A | 0.00 | TBD | 7.00 | 40.00 |
| SURVIVOR SPOUSE/CHILDREN | N/A | 125.86 | 161.86 | N/A | 13.72 | TBD | 14.98 | 60.00 |
| SURVIVOR CHILDREN ONLY | N/A | 46.18 | 64.18** | N/A | 13.72 | TBD | 7.98 | 40.00 |

SPOUSE ELIGIBLE FOR MEDICARE/CHILDREN NOT ELIGIBLE FOR MEDICARE

| COVERAGE LEVEL | SAVINGS | STANDARD | MEDICARE SUPP | TRICARE | DENTAL | DENTAL PLUS | VISION | TOBACCO SURCHARGE |
|--------------------------|---------|----------|------------------|---------|--------|----------------|--------|----------------------|
| SURVIVOR SPOUSE ONLY | N/A | 79.68 | 97.68 | N/A | 0.00 | TBD | 7.00 | 40.00 |
| SURVIVOR SPOUSE/CHILDREN | N/A | 125.86 | 143.86 | N/A | 13.72 | TBD | 14.98 | 60.00 |
| SURVIVOR CHILDREN ONLY | 10.78 | 46.18 | N/A | N/A | 13.72 | TBD | 7.98 | 40.00 |

SPOUSE **NOT** ELIGIBLE FOR MEDICARE/CHILDREN ELIGIBLE FOR MEDICARE

| COVERAGE LEVEL | SAVINGS | STANDARD | MEDICARE SUPP | TRICARE | DENTAL | DENTAL PLUS | VISION | TOBACCO SURCHARGE |
|--------------------------|---------|----------|------------------|---------|--------|----------------|--------|----------------------|
| SURVIVOR SPOUSE ONLY | 9.70 | 97.68 | N/A | N/A | 0.00 | TBD | 7.00 | 40.00 |
| SURVIVOR SPOUSE/CHILDREN | 20.48 | 143.86 | 161.86** | N/A | 13.72 | TBD | 14.98 | 60.00 |
| SURVIVOR CHILDREN ONLY | N/A | 46.18 | 64.18** | N/A | 13.72 | TBD | 7.98 | 40.00 |

SPOUSE NOT ELIGIBLE FOR MEDICARE/CHILDREN NOT ELIGIBLE FOR MEDICARE

| COVERAGE LEVEL | SAVINGS | STANDARD | MEDICARE SUPP | TRICARE | | DENTAL | DENTAL PLUS | VISION | TOBACCO SURCHARGE |
|--------------------------|---------|----------|------------------|---------|---|--------|----------------|--------|----------------------|
| SURVIVOR SPOUSE ONLY | 9.70 | 97.68 | N/A | 62.50 | Ī | 0.00 | TBD | 7.00 | 40.00 |
| SURVIVOR SPOUSE/CHILDREN | 20.48 | 143.86 | N/A | 121.50 | Ī | 13.72 | TBD | 14.98 | 60.00 |
| SURVIVOR CHILDREN ONLY | 10.78 | 46.18 | N/A | 61.00 | | 13.72 | TBD | 7.98 | 40.00 |

^{**}THIS PREMIUM APPLIES ONLY IF ONE OR MORE CHILDREN ARE ELIGIBLE FOR MEDICARE.